

Account Authority FormThis form should be used to add authorized traders to public agency accounts.

Mail to: The Illinois Funds c/o U.S. Bancorp Fund Services, LLC PO Box 701 Milwaukee, WI 53201-0701

Overnight Express Mail To: The Illinois Funds c/o U.S. Bancorp Fund Services, LLC 615 E. Michigan St., FL3 Milwaukee, WI 53202-5207

UBLIC AGENCY						
RIMARY ACCOUNT AUTHORITY						
RIMARY PHONE NUMBER		PRIM	ARY E-MAIL AD	DDRESS		
2 Authorized Trac	ler(s)					
JBTITLE OF ACCOUNT			ACCOUNT	NUMBER		
■ Authorized Trader #1	Authorization Level:	☐ Financial Trade	e Authority	■ Maintenance Author	ority 🗖 Inquiry	
AME			PHONE NU	JMBER		
GNATURE			E-MAIL AD	DRESS		
■ Authorized Trader #2	Authorization Level:	☐ Financial Trade	e Authority	■ Maintenance Autho	ority 🗖 Inquiry	
AME			PHONE NU	JMBER		
GNATURE			E-MAIL AD	DRESS		
■ Authorized Trader #3	Authorization Level:	☐ Financial Trade	e Authority	■ Maintenance Autho	ority 🗖 Inquiry	
AME			PHONE NU	IMBER		

2 Authorized Trader(s) continued
SUBTITLE OF ACCOUNT ACCOUNT NUMBER
□ Authorized Trader #1 Authorization Level: □ Financial Trade Authority □ Maintenance Authority □ Inquiry
NAME PHONE NUMBER
SIGNATURE E-MAIL ADDRESS
□ Authorized Trader #2 Authorization Level: □ Financial Trade Authority □ Maintenance Authority □ Inquiry
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NAME PHONE NUMBER
SIGNATURE E-MAIL ADDRESS
☐ Authorized Trader #3 Authorization Level: ☐ Financial Trade Authority ☐ Maintenance Authority ☐ Inquiry
NAME PHONE NUMBER
NAIME PRONE NOMBER
SIGNATURE E-MAIL ADDRESS
SUBTITLE OF ACCOUNT ACCOUNT NUMBER
□ Authorized Trader #1 Authorization Level: □ Financial Trade Authority □ Maintenance Authority □ Inquiry
NAME.
NAME PHONE NUMBER
SIGNATURE E-MAIL ADDRESS
□ Authorized Trader #2 Authorization Level: □ Financial Trade Authority □ Maintenance Authority □ Inquiry
NAME PHONE NUMBER
SIGNATURE E-MAIL ADDRESS D. Authorized Trader #2. Authorized and evaluable D. Financial Trade Authority. D. Maintenance Authority. D. Inquire.
□ Authorized Trader #3 Authorization Level: □ Financial Trade Authority □ Maintenance Authority □ Inquiry
NAME PHONE NUMBER
SIGNATURE E-MAIL ADDRESS
3 Signaturo
3 Signature By signing this form you are authorizing yourself to have financial and maintenance authority and the authorized traders
above to have the access indicated.
SIGNATURE OF PRIMARY ACCOUNT AUTHORITY DATE (MM/DD/YYYY)

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